

CERTIFICATION OF ENROLLMENT INFORMATION

INSTRUCTIONS TO MEDICARE+CHOICE ORGANIZATIONS

Under the Medicare+Choice (M+C) program requirements (42 CFR 422.502(l)), M+C organizations must submit monthly certifications of enrollment information related to payment by the Health Care Financing Administration (HCFA). This requirement is also described in the M+C coordinated care plan (CCP) contract which all participating M+C organizations offering such a plan have signed.

As stated in the M+C contract, M+C organizations are to complete and submit the attached request for payment and enrollment certification form to HCFA each month. (This form is also included as Attachment A to the M+C CCP contract.) In this form, the M+C organization certifies, through the signature of its chief executive officer (CEO) or chief financial officer (CFO), that, based on best knowledge, information, and belief, the enrollment information submitted to HCFA is accurate, complete, and truthful. The information to which M+C organizations are required to certify is limited to the following categories: new enrollments, disenrollments, institutional status, Medicaid status, working aged status, beneficiary age group, state/county code, end-stage renal disease (ESRD) status, and hospice status.

HCFA provides the following information to assist M+C organizations in complying with the monthly enrollment certification requirements.

Timing: The enrollment certification forms require the M+C organization's CEO/CFO to attest to two types of enrollment information: 1) the data from the above-stated categories the plan has reported to HCFA in a given month and 2) the data from the above-stated categories contained in HCFA's monthly membership report (available to M+C CCPs through the GHP Report Output User Communication Help System [GROUCH]). As stated in the Medicare Managed Care Enrollment and Payment Process Guide (p. 21), M+C organizations must notify HCFA of any request for corrections within 45 days of the date the full GROUCH report becomes available for downloading by the M+C organization. Therefore, the certification for each month's data will be due to HCFA within 45 days of the date the full GROUCH report becomes available for that month's data.

The following example illustrates the calculation of the due date for certification of information concerning Medicare beneficiaries who request enrollment in a given M+C CCP in March 1999. Plan data for the March requests is due to HCFA by April 7, 1999. HCFA will make the GROUCH reports available on April 23, 1999. M+C CCPs are permitted 45 days to review the GROUCH report and to submit the enrollment certification form to HCFA. Thus, for enrollment information collected in March 1999 and submitted on April 7, 1999, and for enrollment information posted by HCFA in April, M+C organizations will be required to submit their enrollment certification form on or before June 7, 1999. The June 7 certification will apply to both the information submitted by the M+C organization on April 7

and the information provided by HCFA in the April 23 GROUCH report. A sample completed enrollment certification form reflecting this example is attached at the end of this memorandum.

The schedule for M+C organizations to submit enrollment certification forms for contract year 1999 are as follows. The certifications submitted on the dates indicated in Column IV will apply to the information provided on the dates indicated in Columns II and III. Please note that, because of the delay in preparing the certification instructions, the due date for the November application receipt date information certification has been changed from its original date of February 1 to March 8 to allow M+C organizations an appropriate period of time to comply with the certification requirement. This schedule contains the projected due dates for 1999. Any delay in the posting of the GROUCH report will require HCFA to adjust the certification form due date accordingly.

I Application Receipt Date	II Enrollment Data Due to HCFA	III GROUCH Availability Date	IV Certification Form Due to HCFA
November 1998	December 3, 1998	December 18, 1998	March 8, 1999
December 1998	January 6, 1999	January 22, 1999	March 8, 1999
January 1999	February 4, 1999	February 19, 1999	April 5, 1999
February 1999	March 10, 1999	March 26, 1999	May 10, 1999
March 1999	April 7, 1999	April 23, 1999	June 7, 1999
April 1999	May 5, 1999	May 21, 1999	July 6, 1999
May 1999	June 9, 1999	June 25, 1999	August 9, 1999
June 1999	July 7, 1999	July 23, 1999	September 6, 1999
July 1999	August 4, 1999	August 20, 1999	October 4, 1999
August 1999	September 8, 1999	September 24, 1999	November 8, 1999
September 1999	October 6, 1999	October 22, 1999	December 6, 1999
October 1999	November 4, 1999	November 19, 1999	January 3, 2000

Mailing Address / Point of Contact: Please send completed enrollment certification forms to:

Barbara Dennis

CHPP/HPPAG
C4-23-07
Health Care Financing Administration
7500 Security Boulevard
Baltimore, MD 21244-1850

Phone: (410) 786-1106

Please direct questions about the enrollment certification process to Scott Nelson at (410) 786-1038 or at "SNelson2@hcfa.gov".

Multiple Plans: M+C organizations offering more than one coordinated care plan are to submit one attestation form for all plans combined. The organization must indicate in the appropriate space the plan numbers ("H" numbers) which the organization offers and for which the organization is certifying.

Certification of Information from HCFA Reports: Item 2 of the enrollment certification form requires the M+C organization to certify the accuracy of HCFA's monthly enrollment reports for each CCP. This information is contained in the monthly GROUCH report. To comply with the requirement of Item 2, the M+C organization must review the monthly GROUCH report and report to HCFA any discrepancies it finds between the report and the M+C organization's records. M+C organizations will follow the existing procedures for reporting this information which require the organizations to submit the discrepancies to their respective HCFA Regional Offices. M+C organizations should send to the HCFA Central Office, attached to the enrollment certification form, a copy of the cover letter used to transmit the organization's discrepancy report to the Regional Office. In completing the enrollment certification form, the M+C organization will be deemed to have certified the accuracy of the information which it does not identify in the discrepancy report. If the M+C organization should discover after certifying a particular month's records that certain information has come to light since the certification, then the M+C organization should notify HCFA so that HCFA may correct that record and adjust payments to the organization accordingly.

**CERTIFICATION OF ENROLLMENT INFORMATION
RELATING TO HCFA PAYMENT
TO A MEDICARE+CHOICE ORGANIZATION**

Pursuant to the contract(s) between the Health Care Financing Administration (HCFA) and _____ (*name of M+C Organization*) hereafter referred to as the "M+C Organization," governing the operation of the following Medicare +Choice plans _____ (*plan identification numbers*), the M+C Organization hereby requests payment under the contract, and in doing so, makes the following certifications concerning HCFA payments to the M+C Organization. The M+C Organization acknowledges that the information described below directly affects the calculation of HCFA payments to the M+C Organization and that misrepresentations to HCFA about the accuracy of such information may result in Federal civil action and/or criminal prosecution.

1. The M+C Organization has reported to HCFA for applications received in the month of _____ (*month and year*) all new enrollments, disenrollments, and changes in enrollees' institutional status with respect to the above-stated M+C plans. Based on best knowledge, information, and belief, all information submitted to HCFA in this report is accurate, complete, and truthful.

2. The M+C Organization has reviewed the HCFA monthly membership report and reply listing for the month of _____ (*month and year*) for the above-stated M+C plans and has reported to HCFA any discrepancies between the report and the M+C Organization's records. For those portions of the monthly membership report and the reply listing to which the M+C Organization raises no objection, the M+C Organization, through the certifying CEO/CFO, will be deemed to have attested, based on best knowledge, information, and belief, to their accuracy, completeness, and truthfulness.

NAME:

TITLE:

on behalf of

(*M+C Organization*)

SAMPLE

CERTIFICATION OF ENROLLMENT INFORMATION RELATING TO HCFA PAYMENT TO A MEDICARE+CHOICE ORGANIZATION

Pursuant to the contract(s) between the Health Care Financing Administration (HCFA) and ABC Health Plan (name of M+C Organization) hereafter referred to as the "M+C Organization," governing the operation of the following Medicare +Choice plans H8888 and H9999 (plan identification numbers), the M+C Organization hereby requests payment under the contract, and in doing so, makes the following certifications concerning HCFA payments to the M+C Organization. The M+C Organization acknowledges that the information described below directly affects the calculation of HCFA payments to the M+C Organization and that misrepresentations to HCFA about the accuracy of such information may result in Federal civil action and/or criminal prosecution.

1. The M+C Organization has reported to HCFA for applications received in the month of March 1999 (month and year) all new enrollments, disenrollments, and changes in enrollees' institutional status with respect to the above-stated M+C plans. Based on best knowledge, information, and belief, all information submitted to HCFA in this report is accurate, complete, and truthful.

2. The M+C Organization has reviewed the HCFA monthly membership report and reply listing for the month of April 1999 (month and year) for the above-stated M+C plans and has reported to HCFA any discrepancies between the report and the M+C Organization's records. For those portions of the monthly membership report and the reply listing to which the M+C Organization raises no objection, the M+C Organization, through the certifying CEO/CFO, will be deemed to have attested, based on best knowledge, information, and belief, to their accuracy, completeness, and truthfulness.

/signed/

NAME: Jane Doe

TITLE: Chief Executive Officer
on behalf of

ABC Health Plan

(M+C Organization)